

## Sample Hearing Request Letter

New York State and Local Retirement System (NYSLRS)  
Attn: Deborah D. Richards, Director of Hearing Administration  
110 State Street, MD 7-9A  
Albany, NY 12244  
Fax: (518) 402-4137  
Email: Hearings@osc.state.ny.us

Re: \_\_\_\_\_  
(please print name of NYSLRS member)

Registration Number: \_\_\_\_\_  
(NYSLRS reg. #)

Social Security Number: \_\_\_\_\_  
(Last 4 digits only if reg. # is unknown)

Dear New York State and Local Retirement System,  
I am requesting a hearing because I disagree with the final agency determination mailed on *(date of determination or letter)*.

Sincerely,

\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(your address)

\_\_\_\_\_  
(your email address)

\_\_\_\_\_  
(your telephone number including area code)